Guidelines for the Use of Synoptic Checklists in Pathology Reports

The following are guidelines for the use of synoptic checklists embedded in pathology reports

1. In most cases there should only be one synoptic checklist per tumour per pathology report. In cases of synchronous tumour and biomarker testing it will be necessary to have more than one synoptic checklist per pathology report

2. It is the responsibility of the pathologist who signs out the report on the pathology sample to incorporate and complete the checklist. Synoptic reports (Checklists) are expected for resection specimen with staging diagnosis.

3. The reporting pathologist, although encouraged to use all checklists may elect to provide a narrative report for selected cases such as small biopsy samples where all elements in the checklist are optional.

4. The following table describes handling of biomarkers in Pathology reports.

    a. Biomarkers are generally tested on small specimens such as biopsies, etc. and a biomarker synoptic report issued.

If the testing lab	Then	And the receiving lab
Does the biomarker testing and the results are available when the original pathology report is prepared,	Both a tumour checklist and biomarker synoptic checklist will be reported in the pathology report.	<Not applicable >
Does the biomarker testing but the results are not available when the pathology report with synoptic is signed out,	The testing laboratory prepares the biomarker checklist and issues it as an addendum to the original report or separate pathology report according to health authority LIS capability.	<Not applicable >
Does not do the biomarker testing and sends all biomarker testing to the reference lab,	The performing (reference) lab will report a synoptic biomarker pathology report that includes the sending lab case number and block number,	Will amend their original pathology synoptic report with note to see separate report from ___(performing lab) or *.. * It is health authority responsibility to have a process to get the biomarker results not done in their health authority accurately and completely into their EMR or to refer clinicians to PLIS.
Does some of the biomarkers but not all, they should result biomarkers they do through a biomarker template with the original pathology/synoptic report. On the biomarker synoptic report biomarkers referred to _____ lab Send the remaining biomarkers to the reference lab,	The performing (reference) lab will report only biomarkers done at their lab with the sending lab case number and block number (they will not perform nor report the other markers),	Will amend their synoptic report with note to see separate report from ___(performing lab) or *. * It is health authority responsibility to have a process to get the biomarker results not done in their health authority accurately and completely into their EMR or to refer clinicians to PLIS.

* Transcription of results from another laboratory is strongly discouraged for risk management reasons.

5. BC changes to CAP checklists will be forwarded to the Canadian Partnership Against Cancer (CPAC) expert panel committees and CAP.

6. Issues with checklists, items on checklists or additions to checklists can be submitted by pathologists and will be reviewed by a designated pathologist.
    a. These items will be used for ongoing quality improvements to checklists.
    b. Any changes or additions to checklists that require test funding/resources must be approved by the BCCA Priority Evaluation committee
    c. Revised checklists will be forwarded to the CPAC expert panel committees to be assessed and discussed with CAP.

7. If the case is reviewed the documented Review Process will be followed.

8. The following Canadian Partnership Against Cancer (CPAC) identified elements will be obtained through the central data repository (CDR) database located within PHSA.
    a. Interprovincial compliance defined as compliance to CAP-defined mandatory elements. These may be optional elements in BC checklists.
    b. Clinical indicators as recommended by CPAC site-specific expert panels

    Note: Completeness is complied to by mandatory fields in the synoptic reporting software.

9. The following QC components should be done by the intra-regional/facility QA program.
    a. Intra region compliance
    b. Intra region completeness
    c. Clinical indicators.

10. Facilitation of synoptic reporting for pathologists is provided by the Canadian Partnership Against Cancer (CPAC) through knowledge transfer educational sessions with these sessions archived on the CPAC website.

11. Interpretation references are provided. Transition to new versions will be made as soon as practical.

12. Checklist specific guidance.

Checklist Name	**Guidance**
Breast DCIS	1. Use Invasive Checklist for DCIS or LCIS with microinvasion 2. Use in case of reduction mammoplasty specimen – incidental DCIS 3. Where the breast cancer is completely removed by core biopsy and no residual tumor is identified in a larger surgical specimen, synoptic report should be based on larger surgical excision and should incorporate the core biopsy findings.
Breast Invasive	1. Use in cases of post-neoadjuvant therapy -in case of either complete (no residual invasive tumor) or incomplete tumor response. 2. Use for reduction mammoplasty specimens – incidental invasive ca. 3. Where the breast cancer is completely removed by core biopsy and no residual tumor is identified in a larger surgical specimen, synoptic report should be based on larger surgical excision and should incorporate the core biopsy findings.

Melanoma of the Skin	If a punch biopsy is small and only part of a big lesion a synoptic report is optional. If the punch biopsy includes the bulk of the lesion particularly the deepest component consider completing this synoptic checklist.